

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005202

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

38
FILED FEB 28 1963

3006

126

VS 300
Rev. 4/59

1 0109

2 0810

3 2

4 0

5 0

6 0

7 0

8 0

9 493X

10

11

12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Boone**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **Columbia**

Length of stay in 1b
53 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE **Univ. of Mo. Medical Ct.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **Phelps**

c. CITY OR TOWN **Rosati**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Star Route, Box 70

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First **Phillip**

Middle **-**

Last **Gross**

4. DATE OF DEATH

Month **Feb.**

Day **22**

Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married, ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-16-88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months **75**

IF UNDER 24 HR

Hours **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Rosati Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dexter Gross

13b. MOTHER'S MAIDEN NAME

Mary Switzer

14. NAME OF HUSBAND OR WIFE

Univ. of Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Hospital Records

Address

Univ. of Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Macrocythemia

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **12/31/62** to **2/22/63** and last saw her alive on **2/22/63**

Death occurred at **10:10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

Richard R. Jobe MD

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

2/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

2-23-1963

23c. NAME OF CEMETERY OR CREMATORY

BRAUNSTETTER CEM

23d. LOCATION (City, town, or county)

ST. JAMES, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GAHR FUNERAL HOME

ST. JAMES MISSOURI

25. DATE RECD. BY LOCAL REG.

Feb 23 1963

26. REGISTRAR'S SIGNATURE

Mr. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.